

Health and Safety Commission Paper		HSC/03/149	
Meeting Date:	9 December 2003	Open Gov. Status:	Open
Type of Paper:	Above the Line	Paper File Ref:	HSC/03/149
Exemptions:	None		

HEALTH AND SAFETY COMMISSION

Changing arrangements for consultation to take forward the occupational health agenda

A Paper by Linda Varney

Advisor(s): Elizabeth Gyngell, Anna Bliss, Melissa Webb

Cleared by Sandra Caldwell on 20 November 2003

Issue

1. Proposal for engaging with a wide range of stakeholders in taking forward the health aspects of the Strategy

Timing

2. Routine but the paper includes proposals for the future role of the Occupational Health Advisory Committee (OHAC), due to be reconstituted in January 2004.

Recommendation

3. The Commission is invited to:
 - Endorse the proposed arrangements for consultation and involvement of partners in taking forward the occupational health agenda
 - Agree that maintenance of a standing committee no longer fulfils the current needs and that OHAC should not be reconstituted
 - Note that the new network arrangements will work on the principle of ensuring full input from all social partners.

Background

4. HSE needed to consider the future role of OHAC when its current period of appointment finishes at the end of 2003. This prompted wide consideration of the most effective means of consulting and involving stakeholders relevant to the

Commission's agenda to do more on health issues. OHAC was also consulted in broad terms on how it saw its future role.

5. HSC has already recognised the changing environment within which HSC/E operate. The draft Strategy identifies areas where activity needs to be concentrated to achieve maximum impact and recognises that HSC/E should not try to do everything. We need to identify where others are better placed to get messages across or influence others to achieve outcomes. An essential part of this is to engage with partners to develop new ways of working.
6. Doing more on new and emerging health issues is identified in the HSC Strategy as one of the areas requiring particular attention. The Self-reported work-related illness survey covering 2001-02 revealed the scale of ill health related to work and consequential days lost. Latest figures reinforce this conclusion. Occupational Health is at the cutting edge of issues that will make a difference to health and safety performance in the workplace.
7. The current formal Advisory Committee, the Occupational Health Advisory Committee, developed from the Medical Advisory Committee in 1987 in recognition of the need for change. At the time, it provided the only tripartite forum for those involved in occupational health to meet and has provided valuable input to developments. HSC/E is again at the point of moving on and formal standing committees have a limited contribution to offer. Tackling ill health needs to become one strand of the work to achieve improvements in all sectors of the economy. The input of current members, while still valued, would be more effective as part of a wider group of experts working on specific tasks with defined outcomes.

Argument

8. HSC/E need to engage with a wide range of partners to take forward the occupational health agenda and achieve the improvements envisaged to meet the targets in Revitalising and Securing Health Together. Experience gained to date from the work to tackle stress – developing the management standards, piloting these and producing the intervention guidance – has underlined the importance of involving human resources managers, workers representatives and others concerned with the promotion of a healthy workplace.
9. HSE is looking at ways of promoting wider involvement on the whole occupational health agenda through linking its current partners in a wider network encompassing other areas of expertise. Workers and their representatives have an important role to play. Such a network would enable those involved to share knowledge of developments throughout Great Britain and share emerging ideas. HSE would seek to involve people on the network in work on timebound 'task and finish' projects where they had a particular contribution to make to the outcome. One principle of this way of working would be full involvement of all HSE's social partners and encouragement for those currently outside the normal groups consulted to participate. An illustration of how this might operate is at Annex 1.
10. OHAC has provided a useful source of advice and it has contributed to taking forward the Securing Health Together agenda and to the Programme Action Groups. A workshop on 20 November 2003 will celebrate what has been achieved and seek to gain support for the way to take the agenda forward. This is also an OHAC open meeting. OHAC, when consulted on its future role, saw this as largely advisory,

endorsing proposals put to it rather than delivering outcomes in its own right. The major part of the work on improving access to occupational health support was steered by a project board with an external chair. A standing committee meeting three times a year, largely endorsing proposals developed by others and using HSE resources to support it, is not in line with HSC's new ways of working. The current nominating bodies also cover only part of the whole spectrum of organisations and interests that need to be engaged in the new work (see Annex 2 for more details of OHAC). HSE has assessed OHAC against the criteria agreed by HSC and recommends that OHAC is not reconstituted. While the decision on whether to reconstitute an advisory committee is now an administrative decision for the Deputy Director Policy, the Commission is asked to endorse the decision and support the proposals for future ways of working in this case.

11. HSE is determined that those asked to participate in identified tasks will include all the social partners. TU representatives have played a significant part in OHAC and have developed useful ideas in the past such as the body mapping work for use by safety representatives. The development of worker safety advisers underlines the importance of using fully the resource of experienced safety representatives. The new consultation arrangements will be evaluated on a regular basis to ensure that they meet the required objectives.

Consultation

12. HSE's Stress Priority Programme Team, Musculoskeletal Disorder Priority Programme Team, Occupational Health Support Unit; OHAC itself in non-specific terms.

Presentation

13. OHAC has played its part in reaching the current point in development of the occupational health agenda. 20 November workshop will be the first opportunity to gain support for taking partnership working forward in line with the new strategy. HSE hopes many of those attending will be willing to participate in the new arrangements and work together to achieve progress on tackling new and emerging health issues.

Costs and Benefits

14. It is difficult to define the costs and benefits of stakeholder involvement overall; it is dependent on individual participation but those involved tell us that they believe the benefits of working with HSE in the main outweigh the costs. We believe this proposal is in line with the Commission's strategy and that taking the risks is justified in terms of the improved involvement with a wider group of people.

Financial/Resource Implications for HSE

15. Ending support for OHAC will release £25-30,000 in expenses paid to members and HSE staff resources to support OHAC. The equivalent resource will be transferred to support the network, maintain any web pages and facilitate task groups. How these groups will work is not yet clear. There may be some travel costs to pay for participants

if face-to-face meetings convened by HSE are needed but alternative ways of working will be explored. The total resource needed for setting up the network and initial development may be greater than savings from ending OHAC but we anticipate the benefits to be gained from engaging with a wider group of experts will outweigh such costs. The operation of the network will be evaluated to ensure it is delivering outcomes appropriate to the Commission's strategy and justifies the HSE's resource.

Environmental Implications

16. None.

Other Implications

17. Successful work on this agenda will contribute to the Government's agenda of getting people into work and keeping them in work.

Action

18. The Commission is invited to;

- Endorse the proposals for developing a network of contacts and involving those with appropriate skills to participate in 'task and finish' projects
- Agree that OHAC should not be reconstituted
- Note that the new arrangements will work on the principle of ensuring full input from all the social partners.

November 2003

MODEL FOR OCCUPATIONAL HEALTH CONSULTATION

- 1 **Set up network:** need to identify what participants can offer – skills, expertise, influencing opportunities and willingness to be part of the “OH Network”. Members will have the opportunity to keep up to date with developments including pilot support systems and be part of the developing agenda.
- 2 **Use network in a range of different ways:** the network permits the identification and involvement of those best placed to undertake tasks. Worker involvement will be a basic principle. Some will contribute to separate focus groups but there will be real benefit from bringing together mixed groups of key players for a specific task.
- 3 **Examples of foreseeable areas** where we need external expertise:

Strands for health at work

- ❖ Stress and MSD as priorities
- ❖ Putting in place an OH Support System that is effective nationally
- ❖ Business case – getting health into the Board Room
- ❖ Taking opportunities presented by other initiatives eg the WSA pilots are evaluated to learn the lessons about how workplace dialogue can improve health at work.

Roles for Network

Topic specific	Mostly OH	OH representation in other areas
Stress and MSD - need for those able to help developments and provide peer review	OH Support System - how to develop pilot proposals - how to fund - learning	- being the “eyes and ears” for opportunities - providing drive and expertise to make this

<ul style="list-style-type: none"> - include HR managers as well as psychologists and those with practical experience of trying to tackle the issues 	<p>lessons from existing activities eg construction pilot</p> <ul style="list-style-type: none"> - identify intermediaries - include those who know how business works, what case' would influence people to participate 	<p>happen.</p>

ANNEX 2

OCCUPATIONAL HEALTH ADVISORY COMMITTEE (OHAC): Work and Membership

- 1 OHAC was established in 1987 replacing the Medical Advisory Committee.
- 2 OHAC was last reconstituted in January 2001. At that time, despite doubts about its effectiveness, OHAC was clearly seen as a part of the HSC system and crucially 'the only body that could offer the Commission multidisciplinary advice on occupational health matters underpinned by tripartite consideration and agreement'.
- 3 OHAC's terms of reference were revised at that time. OHAC was to consider and advise the Commission on the health of people at work (excluding matters pertaining to other advisory committees¹) and in particular on:
 - Improving compliance with existing and future legislation relating to occupational health;
 - Promoting a culture and environment of continuous improvement in occupational health;
 - Promoting the collection of data and other information on occupational health to obtain essential knowledge;
 - Encouraging the identification and development of appropriate competence and skills standards in occupational health;
 - Promoting the development of appropriate mechanisms to deliver information, advice and other support on occupational health;
 - Specific matters referred by the Commission or Executive.

OHAC membership and working methods

- 4 Members are nominated by organisations representing employers, employees, local authorities and the wider health professions and subsequently formally appointed by the Commission. OHAC's present membership is set out below.
- 5 Current business arrangements are based on the following principles:
 - The committee meets three times a year

- The agendas are kept short and focus on formal papers with progress reports
- Minutes of the meetings are brief and focus on action points
- Specialist groups meet as required.

HSC OCCUPATIONAL HEALTH ADVISORY COMMITTEE

Membership 2001-2004

MEMBERS	Organisation	Nominated By
• Ms Sandra Caldwell (CHAIR)	Director Health Directorate Health & Safety Executive	HSE
• Mr Roger Alesbury	Director of Occupational Hygiene BP plc	Confederation of British Industry (CBI)
• Mr Steve Bailey	Director Environmental Health and Safety Programme GlaxoSmithKline plc	British Occupational Hygiene Society (BOHS), British Institute of Occupational Hygienists (BIOH)
• Ms Carol Bannister	Adviser in Occupational Health Royal College of Nursing	RCN
• Dr Ruth Chambers	Professor of Primary Care Development School of Health Staffordshire University	Royal College of General Practitioners (RCGP)
• Professor Tom Cox	Director Institute of Work, Health & Organisations University of Nottingham	British Psychological Society (BPS)
• Mr Andrew Foster	Team Manager Environmental Health London Borough of Hackney	Chartered Institute of Environmental Health (CIEH)
• Dr Keith Palmer	Clinical Scientist Medical Research Council Environmental Epidemiology Unit University of Southampton	British Medical Association (BMA), Society of Occupational Medicine (SOM), Faculty of Occupational Medicine (FOM)

¹ Other relevant AC's include ACTS (Advisory Committee on Toxic Substances) and ACDP (Advisory Committee on Dangerous Pathogens)

- **Mr Doug Russell** Union of Shop, Distributive and Allied Workers Trade Unions Congress (TUC)
- **Professor David Stubbs** Professor of Ergonomics at the Robens Centre for Health Ergonomics
European Institute of Health & Medical Sciences
University of Surrey The Ergonomics Society
- **Ms Claire Sullivan** National Health & Safety Officer
Chartered Society of Physiotherapy Trade Unions Congress (TUC)
- **Ms Kim Sunley** Health and Safety Officer
GMB Union Trade Unions Congress (TUC)
- **Dr Derek White** Chief Medical Officer
Occupational Health Service
British Telecom Confederation of British Industry (CBI)

ASSESSORS

Organisation

Nominated By

- **Mrs Nola Ishmael** Nursing Officer
Department of Health DOH
- **Dr Arthur Johnston** Public Health Policy Unit
Scottish Executive Health
Department Scottish Executive
- **Ms Brenda Stephens** Workplace & NHS Specialist
Health Promotion Division HP3
National Assembly for Wales National Assembly for Wales
- **Dr Peter Wright** Medical Policy Group
Department of Work and
Pensions DWP